

Comments on

Draft Guidance for Industry
Integration of Dose-Counting Mechanisms into MDI
Drug Products

Docket Number 01D-0510

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Integration of Dose-Counting Mechanisms into MDI Drug Products

The European Pharmaceutical Aerosol Group (EPAG) is pleased to have the opportunity to comment on this guidance for industry. EPAG is a voluntary non-profit making consortium of member companies open to "European Pharmaceutical Companies that develop new products for human use utilising the Pulmonary or Nasal route of delivery".

We support the concept and welcome guidance for industry on this subject. Overall we agree with the guidance and consider it to represent a balanced approach to dose counting mechanism requirements for new products.

We suggest that the guidance document would be more appropriately titled 'Integration of Dose-Counting Mechanisms into MDI Drug Products for Oral Inhalation' as the guidance specifically excludes nasal products.

We ask that clarification be added to the introduction that 'Dose- Counting Mechanisms' include dose indicators as well as numeric counters and suggest that the term 'dose counting' should be replaced with 'dose indicating' throughout the guidance.

Additionally, we submit the following specific comments:

- **Section I. Introduction.** The guidance is intended to apply to products for 'oral inhalation using metered dose inhalers'; we understand this guidance would apply equally to delivery of any drug product using this route and device type and are not restricted to obstructive airways diseases. We ask that clarification be added that the guidance does apply to oral inhalation metered dose inhalers irrespective of the disease being treated.
- **Section I. Introduction.** In this guidance MDPIs as well as MDIs are mentioned. We recommend that it should be either explicit that this guidance will not be applied to MDPIs and separate guidance for MDPIs issued, or alternatively this guidance should be expanded to include MDPIs and the differences between the two devices taken into account in the general text.
- **Section II. Background.** Paragraph 3 states that 'Dose-counters are mechanisms integral to the device'. We request definition of the term integral and clarification whether this is intended to exclude add-on dose counter devices.

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- **Section III. General recommendations.** We suggest that when colour coding is used consideration is given to use of a harmonized colour to represent that the end of product life is approaching, namely red. In addition, we suggest that guidance on consideration of use of appropriate contrast of indicator colours be included to make colour coded indicators usable by patients with classical colour blindness.
- **Section III. General recommendations.** We support the recommendation that numeric counters be designed to count downward to zero, however advocate that it should not be obligatory. In addition we suggest that further guidance is added to address counting of priming actuations. We would recommend that the numeric counter should not display more than the label claim number of actuations as this could cause confusion for patients.
- **Section III. General recommendations.** The last sentence states 'manufacturers are encouraged to commit to developing an integrated dose counter in the post marketing period'. We suggest further clarification of this guidance. If this is a requirement, it should state this is 'required' in the post marketing period. We suggest wording such as 'manufacturers are required to commit to developing an integrated dose counter in the post marketing period, the absence of a dose counter at submission will not cause withholding product approval, when a commitment is provided'.
- **General Comment.** The guidance document uses a mixture of terms to describe the 'label claim' e.g. used beyond the recommended dose, recommended number of doses, recommended number of actuations. We suggest that for consistency in terminology "recommended label claim number of actuations" should be used.

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville
MD 20857